BLOCK 6798 LOT 18.19 ADDRESS (SITE) 770 Acorn dr. PERMIT NO. 2122-90

RECEIVED
OCT 17 1990
BUILDING

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 770 Acorn Dr.
2. Name of Owner in Fee: Barbara+Mark Auster Tel. ([redacted])
   Address 770 Acorn dr (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Same as above Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 28.08	3 -	
2. Electrical			
3. Plumbing	25 -		
4. Fire Protection	20 -		
5. Other			
6. Subtotal	$ 73.08		
7. Less 20% for State Plan Review	7.31	5 -	
8. Subtotal	$ 65.77		
9. DCA Training Fee	.436		
10. Subtotal	$		
11. Cert. of Occupancy	80.00		
12. Other			
13. TOTAL	$ 104.95	13 Pd 7/14/94	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area—Largest Floor	sq. ft.	
4. Building Area—All Floors	sq. ft.	
5. Volume of Structure	3120 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

add. 11/7

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☑ Addition	3,000 -
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			11/7/90	RK	7/15/94	5/31/94	JC
JC	10/2/90 10-24-90		11/2/90 10-24-90	RK	5/31/94		JC
			11/7/90	Orig Req 10-18-90			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: R-3
3. Change in Use Group, Indicate Former:

LDS BR 10210208

20K
20K

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature X Barbara Austen Date 10-17-90

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☒ Other Zoning	SK	10/14/90	add.					
☒ Zoning	SK	6/21/94	deck					
☐								

COMMENTS

IMPORTANT
A.H.D. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

PERMIT UPDATE

Date Update Issued 7-14-
Control #
Permit # 2122-90
Date Permit Issued 11-7-90

ENTIFICATION Block 1279.8 Lot 18+19

ork Site Location 770 Acorn Ln.
Brick

Contractor Same
Address

wner in Fee Mark + Barbara Austin
ldress 770 Acorn Dr.
Brick

Tele. ( )
Lic. No. or Bldrs. Reg. No.
le. ([redacted]
Federal Emp. No.
or Social Security No.

hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [✓] Other Deck
[ ] ELECTRICAL [ ] FIRE PROTECTION

SCRIPTION OF WORK:

ext 4/21/94

timated Cost of Work $ 100—

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	8—
Plumbing	
Electrical	
Fire Protection	
Other	5
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	13—
Check No.	#1979
Cash	
Collected By:	

.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-13-94
Control #
Permit # 291-92
update

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 679 Lot 19
Work Site Location 720 Macon Rd.
Rear
Owner in Fee Mack Hudson
Address 17 Macon Rd.
[redacted]
Tele.
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4
Water Service Size 5/8
Estimated Cost of Plumbing Work $ 500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 9/13/94
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
	Urinal/Bidet	
~~1~~	~~Bath Tub~~	
1	Lavatory	5
	Shower	
	Floor Drain	
~~1~~ 1	Sink	5
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
~~1~~	~~Gas Piping~~	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other Vent	10
	Administrative Surcharge	$ 25-
	Paid [ ] Check # Minimum Fee	$
	Collected by: TOTAL	$

5

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/7/90
Date Issued
Control #
Permit # 2122-90

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 679.8 Lot 18 + 19
Work Site Location 770 Acorn dr Brick
Owner in Fee Barbara + Mark Austin
Address 770 Acorn dr. Brick NJ. 08723
Tele. [redacted]
Contractor Same as Above
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present 12.3 Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 11-2-90
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Pool

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	1	
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Hood & Duct		20

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

U.C.C. Form F-140A

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11/?/90
Date Issued
Control #
Permit # [illegible]-122-90

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block [illegible] Lot [illegible]
Work Site Location [illegible]
Owner in Fee [illegible]
Address [illegible]
[illegible] 077[illegible]
Tele[redacted]
Contractor [illegible]
Address
Tele. ( )
Lic. No.
Federal Emp. No. ______ or Social Security No. ______

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed [illegible]
Building Sewer Size
Water Service Size [illegible]
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 10-16-90
Approved by: [illegible]

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5.–
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5.–
1	Shower	5.–
	Floor Drain	
4	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.–

Administrative Surcharge $?
Paid [ ] Check # ______ Minimum Fee $
Collected by: ______ TOTAL $ 25.–

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BLOCK 679.8

LOT 18-19

DATE 10-18-90

PLUMBING & MECHANICAL CHECK LIST

10/19

called
left message
JK

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

X ISOMETRIC SKETCH NOT APPROVED

X LIST OF EXISTING FIXTURES ONE + ONE

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

Austin-Aire Inc.
808 Victory Avenue, Brick, NJ 08723
201-920-9474 • 201-341-7043

10-17-90

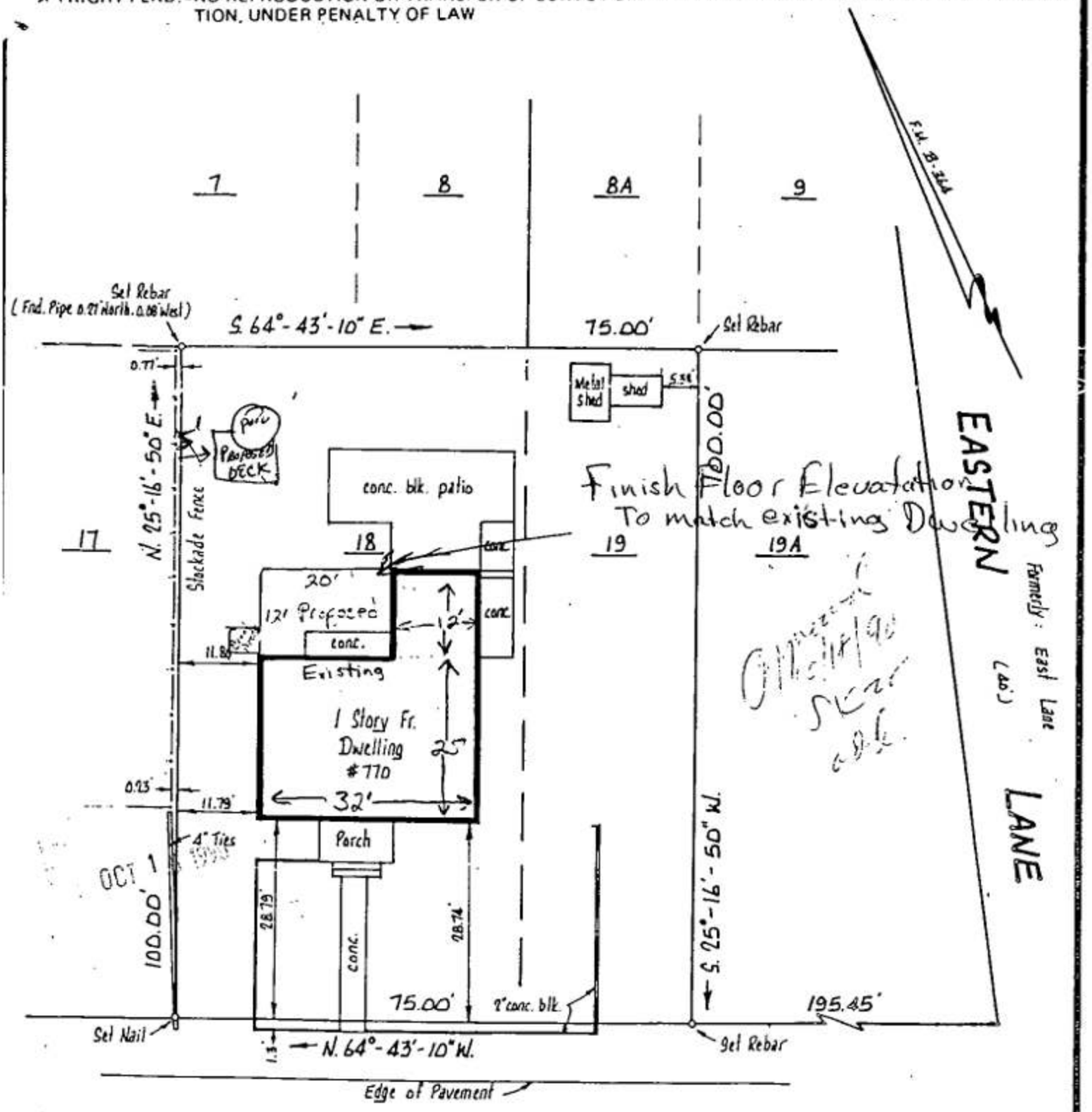
To Whom it may Concern,

The Heating system at 770 Acorn dr. is sufficient for proposed addition.

Existing furnace is 100,000 BTU gas fired warm air. ~~located~~ in existing Crawl space.

A heat load will be done in 7 days

The existing structure is 944 sq. FT. and the Proposed is 240 sq. Ft.



ACORN (40') DRIVE

Formerly: Oak Drive

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE 6/21/94 Sean Kinney

Deck

NOTE: ALL COPIES VOID WITHOUT

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Department of Engineering

Jerome J. Tansey, P.E., P.P.
Municipal Engineer
(201) 477-3000, Ext. 273

Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000, Ext. 277
Fax (201) 920-4850

TO: Municipal Engineer DATE: 10-15-90

I Mark Austin of 770 Acorn dr.
(Name - Please print) (Address)

Block: 679.8 Lot: 18 & 19

Request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Phone No. (201) 920-9474 _____
Signed by Applicant

OCT 18 1990

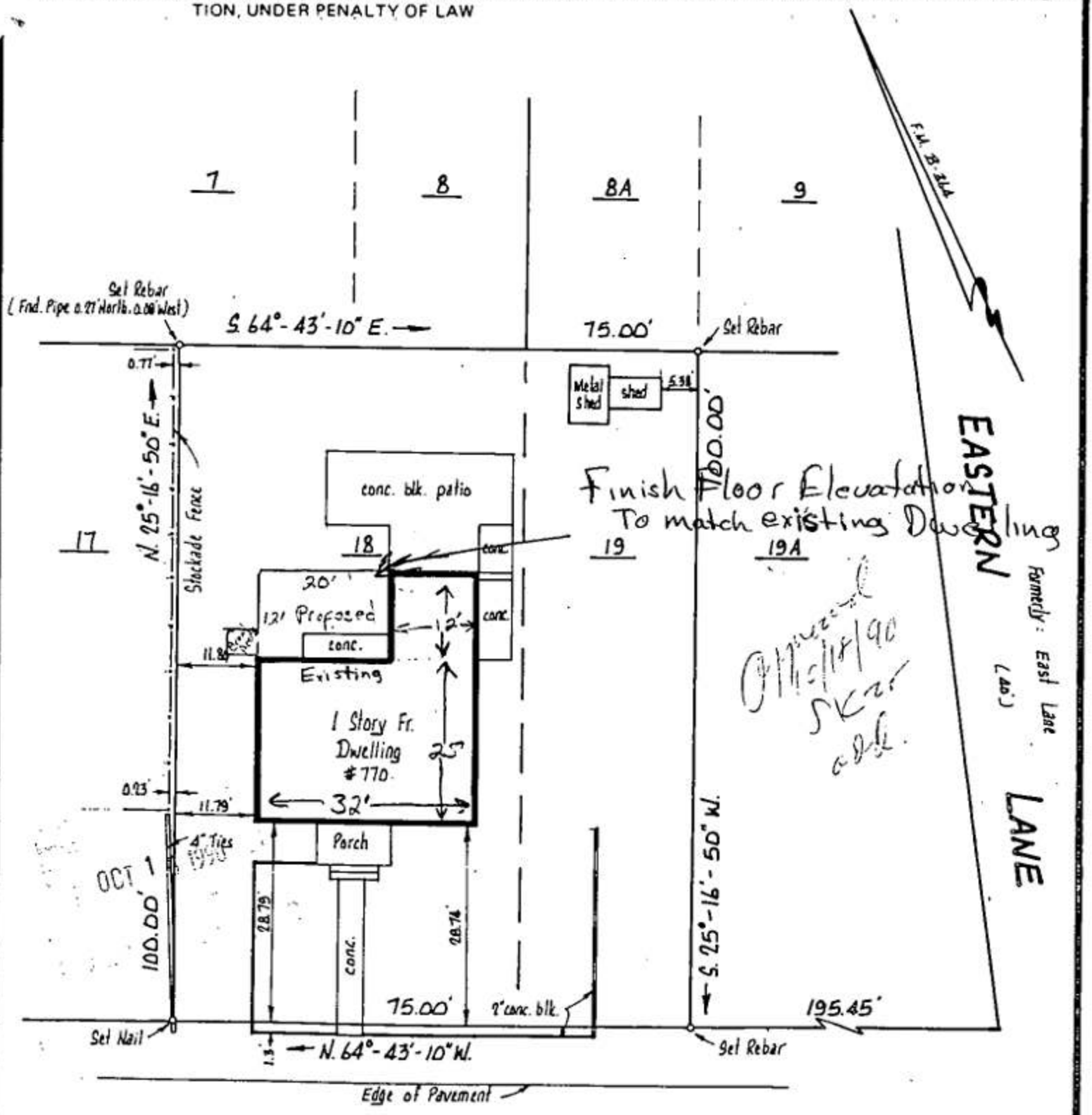
1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

NOTE: Any excavations to be removed from the Township requires a mining permit.

Approved ☐ Date: 11-7-90 By _____

Rejected ☑ Date: 10-18-90 By _____

Remarks: F.F. ELEVATIONS NOT SHOWN ON EXISTING & PROPOSED ADDITION



DECK AROUND → EXISTING 4' x 18' POOL ABOVE GROUND.

PART OF

Platform

Stairs.

16'

4'

Hinged Gate w/Self latch Swings Out

8'

18" x 16" Concrete

2- 2" x 8" Girders

6" x 6" walmanized

2" x 6" 16" o/c

7/14/94

4'

2x2' Balusters 4" apart

2" x 8" Girder

41"

6" x 6" walmanized 16" above ground

32"

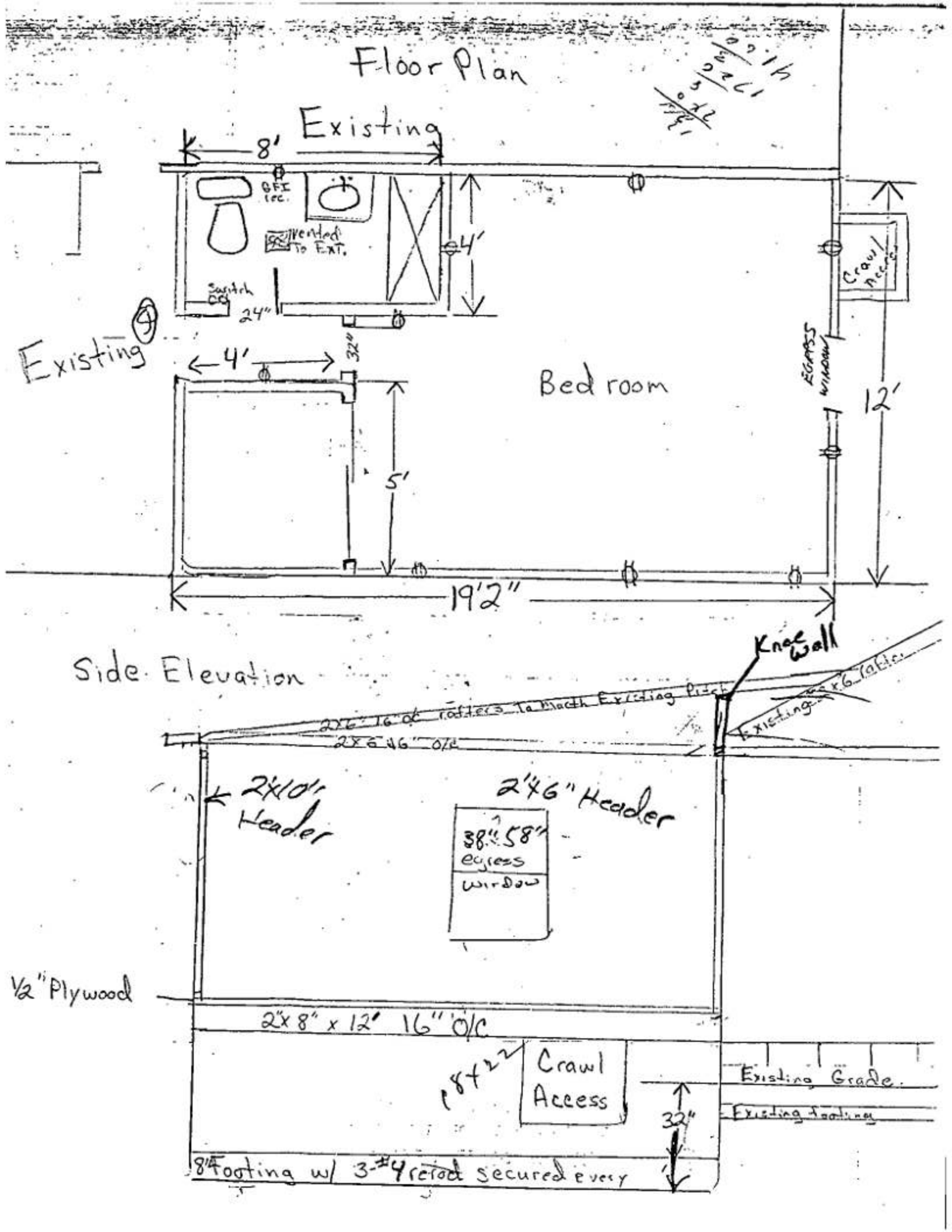
8" x 16" Concrete

Hinged to Raise & Lock

16"

36

Platform


Floor Plan
Existing
8'
GFI rec.
Vented To Ext.
4'
Switch
24"
Crawl access
Existing
4'
32"
Bedroom
Egress window
12'
5'
19'2"
Side Elevation
Knee Wall
2x6 16" o/c rafters To Match Existing Pitch
Existing 2x6 rafters
2x6 16" O/C
2"x10" Header
2"x6" Header
38" x 58" egress window
1/2" Plywood
2"x8" x 12" 16" O/C
18"x22"
Crawl Access
Existing Grade
Existing footing
32"
8" Footing w/ 3-#4 rebar secured every

APPLICANT Mark & Barbara Austin

LOCATION: LOT 18+19 BLOCK 679.8 STREET 720 Hoover Rd SECTION Cedarbridge manor

TYPE: addition

PERMIT # _____

TYPE ROOFING _____

RAFTER SIZE AND SPACING 2"x6"16" o/c

ROOF SHEATHING 4" x 8" x 1/2" plywood

CEILING JOIST SIZE AND SPACING 2"x6" - 16" o/c

TYPE SIDING Double 4" Vinal

WALL SHEATHING 1/2" plywood

TYPE WINDOWS _____

WALL FRAMING SIZE AND SPACING 2"x4"

CEILING INSULATION -R = 19 6"

WALL INSULATION -R 11 3 1/2"

FLOOR INSULATION -R 19 6"

SUB-FLOOR 1/2" Plywood

FLOOR JOIST SIZE AND SPACING 12' 2"x8" 16" o/c

GIRDER _____

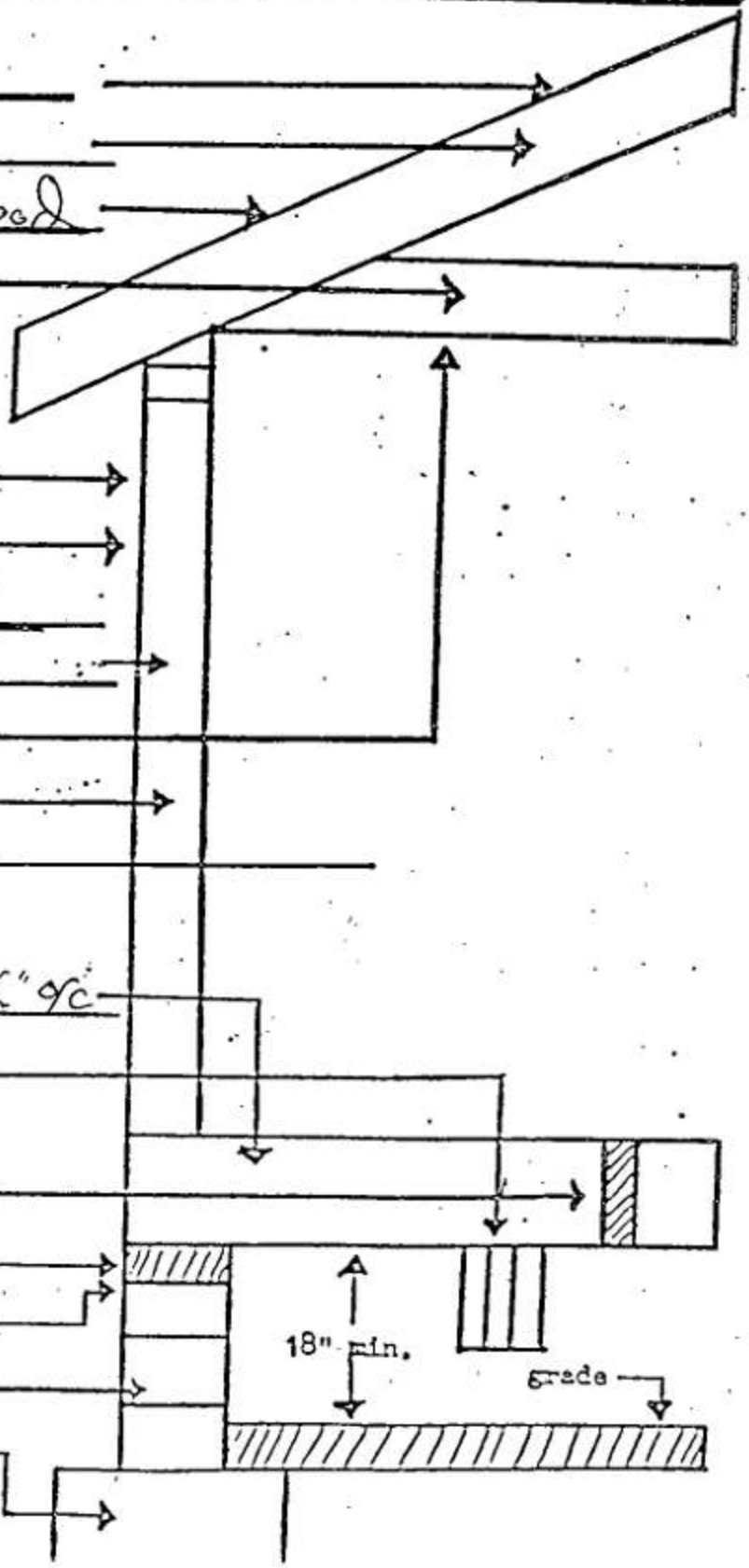
BRIDGING Solid 2"x8"

SILLPLATE 2"x6" wall mounted

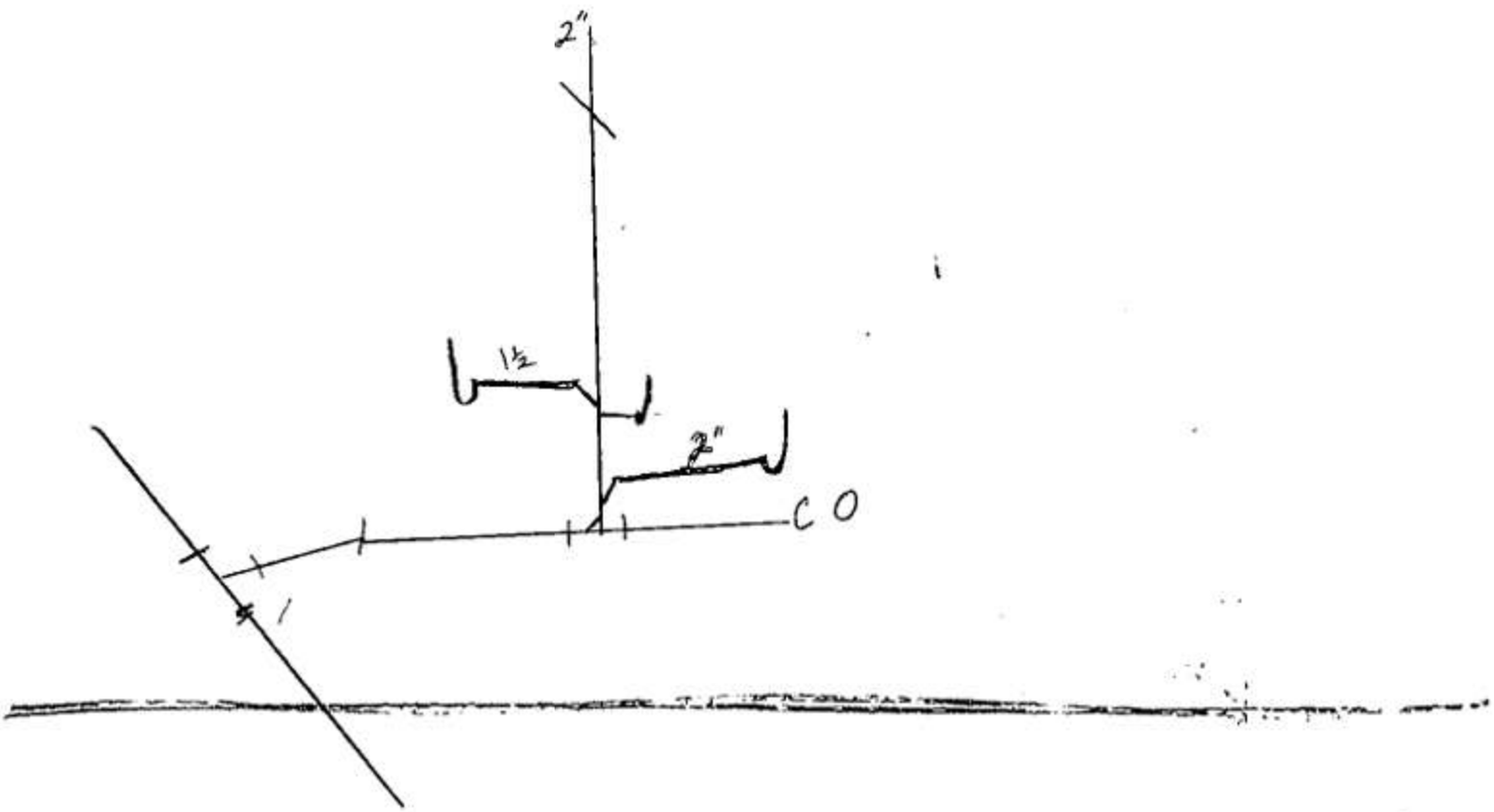
TERMITE SHIELD _____

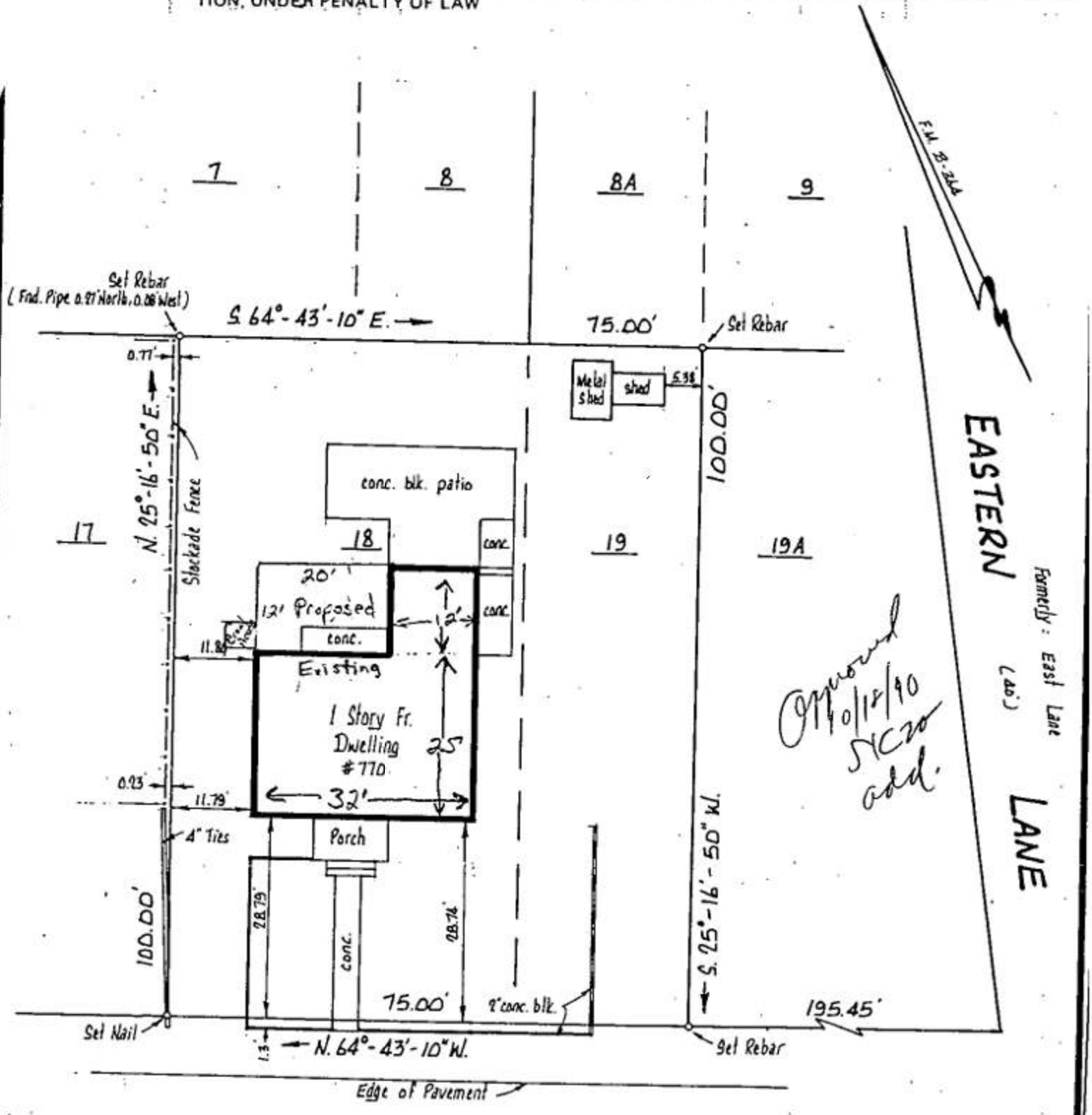
BLOCK FOUNDATION 8"x16" cement

FOOTING 8"x16"



Plumbing Diagram





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TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block 679.8 Lot 18.19 Address 770 Arcoed Rd.

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building 1. DOOR SPAN
2. ANCHOR BOLTS
3. DETAIL FOUNDATION

Plumbing 4. HOW ATTACHED TO HOUSE

Electric 5. HEADER DETAIL

Fire 6. VENTING
7. ACCESS TO ATTIC

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date